



Attorney's Docket No.: 10276-026001

FILE COPY

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : George Liang King

Art Unit : 1615

Serial No. : 09/524,459

Examiner : Unknown

Filed : March 10, 2000

Title : INHIBITION OF PKC TO TREAT PERMEABILITY FAILURE

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

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U.S. PATENT & TRADEMARK OFFICE

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Please correct the filing receipt for the above-referenced application to reflect the correct title of the application: INHIBITION OF PKC TO TREAT PERMEABILITY FAILURE

Please supply a corrected filing receipt to the undersigned with respect to this application. A copy of the original Filing Receipt showing the desired changes in red ink is attached for your convenience.

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I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

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July 17, 2000

Anne M. Guerra

Anne M. Guerra

Applicant : George Liang King
Serial No. : 09/524,459
Filed : March 10, 2000
Page : 2

Attorney's Docket No.: 10276-026001

No fee is believed to be due. If, however, there are any charges or credits, please apply them to Deposit Account No. 06-1050.

Respectfully submitted,

Date: 7/17/00


Lauranne Butler
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/524,459	03/10/2000	1615	381	10276-026001	3	24	3

 P Louis Myers
 Fish & Richardson P C
 225 Franklin Street
 Boston, MA 02110-2804

Date Mailed: 05/18/2000

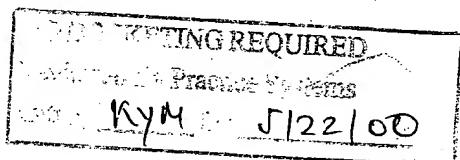
Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

George Liang King, Dover, MA ;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/124,043 03/12/1999

**Foreign Applications**

If Required, Foreign Filing License Granted 05/17/2000

** SMALL ENTITY **

Title

 PKC Permeability
 Inhibition of pkc to treat prematurity failure
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MAY 22 2000

FISH & RICHARDSON, P.C.
BOSTON OFFICE**Preliminary Class**

424

Data entry by : MIDDLETON, MATTIE

Team : OIPE

Date: 05/18/2000





Bib Data Sheet



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TECH CENTER 1600/2900

SERIAL NUMBER 09/524,459	FILING DATE 03/10/2000 RULE -	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 10276-026001
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APPlicants

George Liang King, Dover, MA ;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/124,043 03/12/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE****GRANTED ** 05/17/2000****** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	3	24	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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 225 Franklin Street
 Boston, MA 02110-2804

TITLE

Inhibition of PKC to treat permeability failure

FILING FEE RECEIVED 446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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